Department of Labor and Industries
Vocational Services
Billing Codes
Review of Job Analysis and Job Description
1038M – Limit of one per day
1028M – Each additional review, up to five per worker, per day

RESET

EMPLOYER'S JOB DESCRIPTION

☐ Job of Injury ☐ Permanent Modified Job
☐ Light duty/Transitional

Job Title _____ Claim # _____

Employer _____ Claimant _____

Phone # _____ Date _____

Description completed by: _____ Title _____

Essential task description: (*Specify position, location, days a week and hours per day*)

Machinery, tools, equipment and personal protective equipment. **(Please submit MSDS if appropriate.)**

PHYSICAL DEMANDS

N: Never (not at all)
S: Seldom (1-10% of the time)
O: Occasional (11-33% of the time)
F: Frequent (34%-66% of the time)
C: Constant (67%-100% of the time)

	Frequency	Description of Task
Sitting		
Standing		
Walking		
Driving		
Lifting ( )lb.		
Carrying: ( )lb.		
Pushing/Pulling: ( ) lb.		
Climbing Stairs/Ladders		
Bending/twisting at waist		
Kneeling/squatting		
Crouching/Kneeling		
Crawling		
Reaching above shoulder		
Repetitive Motion		
Handling/Grasping		
Fine Finger Manipulation		
Talking		
Hearing		
Seeing		
Other		

Date Employer Signature	Employer Name

FOR PHYSICIAN USE ONLY

Physician Approval No ☐ Yes ☐ Full-time ☐ Part-Time ☐ Hours _____ per week

If part-time, worker is expected to progress to full-time work by (date) _____

Date Physician Signature	Physician Name